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| <b>SERIAL NUMBER</b><br>10/669,254   | <b>FILING OR 371(c) DATE</b><br>09/25/2003<br><b>RULE</b>   | <b>CLASS</b><br>714              | <b>GROUP ART UNIT</b><br>2138   | <b>ATTORNEY DOCKET NO.</b><br>OKI.579 |
| <b>APPLICANTS</b><br>Mineo Soga, Tokyo, JAPAN;<br>Hiromitsu Miyamoto, Tokyo, JAPAN;<br>Atsushi Kimura, Saitama, JAPAN;<br>Tatsushi Hashimoto, Tokyo, JAPAN;  |   |                                  |   |                                       |
| <b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                                  |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/16/2003</b>   |   |                                  |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <u>Davidson</u> <u>DT</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>22             |
|  |   |                                  | <b>INDEPENDENT CLAIMS</b><br>3  |                                       |
| <b>ADDRESS</b><br>20987  |   |                                  |   |                                       |
| <b>TITLE</b><br>Data transmission apparatus adaptive to data quality on radio-transmission and a method of data transmission therefor  |   |                                  |   |                                       |
| <b>FILING FEE RECEIVED</b><br>786  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |